

Louisiana Department of Children and Family Services

LaCarte Procurement Card Program

MISSING RECEIPT FORM/CERTIFICATION OF UNAVAILABLE DOCUMENTATION

This form should be completed for any LaCarte Purchasing Card transaction that does NOT have documentation from the merchant. This should be provided to Reviewer as part of your monthly reconciliation paperwork. **Note: Please print or type the information.**

Cardholder Name:
(Print)

Phone Number:

DCFS Division Name:

Name of Merchant:

Transaction Date (MM/DD/YYYY):

Transaction Amount (Total Cost):

Description/Quantity/Cost Per Item/Total Cost per Line (Add additional sheet if necessary):

Reason Original Documentation is not available:

CARDHOLDER CERTIFICATION AND SIGNATURE

I attest the information provided is true and an accurate description of the details of the purchase. I confirm that every attempt to obtain a duplicate receipt by contacting the vendor has been made, but have been unable to do so and also hereby certify the following:

- All items purchased on this P-Card transaction were for (DCFS) use. No personal purchases were made
- The Cardholder will not seek reimbursement from the (DCFS) in any other manner for this transaction
- Original documentation is not in Cardholder's possession for the reasons stated above
- Cardholder acknowledges that repeated lack of documentation could result in revocation of their LaCarte Purchasing Card

Cardholder Name:
(Print or type)

Signature:

Date:

SUPERVISOR/REVIEWER AUTHORIZATION

I have accepted the cardholder's explanation of the loss and inability to obtain a duplicate receipt; therefore, I am authorizing payment of the receipt or invoice in light of the circumstances involved.

Name of Supervisor/Reviewer:
(Print or Type)

Signature:

Date: